

ASAP Payment Requestor Bank Information Form

Section I - Payment Requestor Organization Information

Payment Requestor Organization Name: _____

Address: _____

Primary Contact Name: _____ Phone: _____

Section II Financial Institution Information

Bank Name: _____

Bank Mailing Address: _____

City, State, Zip: _____

ACH Account Information

Account Title: _____ ACH Coordinator's Name: _____

Account Type: ☐ Demand ☐ Savings ACH Coordinator's Phone Number: _____

ABA Number: _ _ _ _ _ ACH Coordinator's Fax Number: _____

Account Number (17 character maximum): _ _ _ _ _

Fedwire Account Information

Account Title: _____ Fedwire Coordinator's Name: _____

Fedwire Coordinator's Phone Number: _____

ABA Number: _ _ _ _ _ Fedwire Coordinator's Fax Number: _____

Account Number (17 character maximum): _ _ _ _ _

Section III - Approval By Financial Institution Official

Signature of Bank Official

Bank Official's Title

Bank Official's Name

Bank Official's Phone Number

Date

Section IV - Approval By Financial Official

Signature

Bank Official's Name

Organization Name

Title

Phone Number

Date